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Under the Paperwork Reduction Act of 1995, No persons Services Ser										
OCHOBER 1 2004 Substitute 1819										
	,	CLAIMS AS FII		ART I (Column	n 2)	SMALL	ENTITY]	SMALL	
	FOR	NUMBER		NUMBER E	XTRA	RATE	1,395	OR	RATE	,190
BASIC FEE (37 CFR 1.16(4))						1.9	13/10	OR	x s 8 = .	
(37 CFI	CLAIMS R 1.16(c))		inus 20 =	·		×.44=		OR'	x \$85 =	
	ENDENT CLAIMS R 1,16(b))		ninus 3 =	<u> </u>		+:150=	-	OR	+:300=	
		T CLAIM PRESENT	<u>`</u>	FR 1.16(d))		TOTAL	-	OR	TOTAL	
• If the	difference in co	lumn 1 is less than	zero, enter	*0* in column 2.		TOTAL		_		
	CL	AIMS AS AME	NDED -	PART II			L ENTITY _	OR	OTHE SMAL	R THAN L ENTITY
	•	(Column 1)		(Column 2)	(Column 3)		ADOF	7	RATE	ADOI-
A		CLAIMS REMAINING		NUMBER PREVIOUSLY	PRESENT	RATE	TIONAL	-		TIONAL FEE
되		AFTER AMENDMENT		PAID FOR	=	x.9	_	OR	x \$ 18 =	
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F	FIRST PRESE	TIATION OF MOCIN				TOTAL		。	R ADD'LF	EE
		(Column 1)		(Calumn 2)	(Column 3)			RATI	E AD
, -		CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RA	TIO	OI- NAL EE	RATI	T10.
	Z U Tala	AFTER AMENDMENT	Minus	PAID FOR		- x : 4	7 = 1		OR x \$ 18	=
1 3	5		Minus	 	=	x 54	<i>iy</i> =		OR x \$ 58	1
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	FIRST PRES	ENTATION OF MULT	IPLE DEPEN	DENT CLAIM (37		TOT	AL L FEE		OR ADD'L	FEE
		· in the lass	than the e	ntry in column 2.	write "0" in col	umn 3	,			

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (a) USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information of the USPTO. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for Form PTO-875											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ALL EI	NTITY	OR		R THAN LENTITY
FOR NUMBER FILED				NUM	BER EXTRA	RAT	E	FEE		RATE	FE
BASIC FEE (37 CFR 1.16(e))								1	1		
10	TAL CLAIMS TOFR 1.18(c))					I KIL	_	<u>*</u>	\O**		5
	DEPENDENT CL	AIMS	minus 20 •						J ÓR	x s	<u> </u>
(37 CFR 1.10(b))			minus	3		x 3			oi/.	x 1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))							<u> </u>		OR	+1	
' if the difference in column 1 is less than zero, enter "O" in column 2.							. [OR	TOTAL	
CLAIMS AS AMENDED - PART II										ļ	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(6))							.		OR	+ 5 •	
									4.5	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							╴┖		OR	ADO'L FEE	

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The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

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